

RECEIVED  
MAY 02 2022  
BY MAIL

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
\_\_\_\_\_  
DIVISION

STEVEN DAVID RUDOLPH # 13239  
(Write the full name of the plaintiff in this action.  
Include prisoner registration number.)

v.

JEFFERSON COUNTY JAIL / SHERIFF DEPT'

(Write the full name of each defendant. The caption  
must include the names of **all** of the parties.  
Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)

Case No: \_\_\_\_\_  
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury  
☐ Yes ☒ No

**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

**NOTICE:**

*Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.*

*Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.*

*In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.*

**I. The Parties to this Complaint**

**A. The Plaintiff**

Name: STEVEN DAVIO RUDOLPH

Other names you have used: N/A

Prisoner Registration Number: 13239

Current Institution: JEFFERSON COUNTY JAIL / SHERIFF DEPARTMENT  
c/o 510 FIRST STREET  
HILLSBORO, MISSOURI [63050]

Indicate your prisoner status:

<input checked="" type="checkbox"/> Pretrial detainee	<input type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

**B. The Defendant(s)**

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

**Defendant 1**

Name: JEFFERSON COUNTY JAIL

Job or Title: DETENTION CENTER FOR ADULTS

Badge/Shield Number: \_\_\_\_\_

Employer: JEFFERSON COUNTY SHERIFF DEPT.

Address: \_\_\_\_\_

\_\_\_\_\_  
Individual Capacity                      X Official Capacity

**Defendant 2**

Name: BRENDA SHORT

Job or Title: JAIL ADMINISTRATOR

Badge/Shield Number: 808

Employer: JEFFERSON COUNTY SHERIFF DEPT.

Address: c/o 510 FIRST STREET, HILLSBORO, MISSOURI

☐

Individual Capacity

☒

Official Capacity

**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

SEE TWO PAGE ATTACHMENTS: STATEMENT OF CLAIM

## II. STATEMENT OF CLAIM

1. I WAS OVERCOME WITH A TOOTH INFECTION. THE PAIN GRADUALLY SPREAD FROM MOUTH TO MY HEAD. I THEN FILE AN ELETRONIC KITE TO MEDICAL COMPLAINING OF TOOTH INFECTION, SEVERE PAIN AND A NERVE ENDING BEING EXPOSED. I WAS THEN PUT ON ANTI-BOLITICS AND NOTHING FOR PAIN. THE ANTI-BOLITICS [14 DAYS] WERE INEFFECTIVE AND WAS GIVEN NOTHING FOR THE PAIN. I PROCEED TO FILE ANOTHER ELETRONIC KITE REQUESTING PAIN RELIEF MEDICINE AND WAS DIRECTED BY JAIL ADMINISTRATION BRENDA SHORT TO PURCHASE PAIN MEDS OFF CANTEEN. AT THIS POINT IN TIME, I WAS NEGATIVE \$69.00 FOR MEDICAL CHARGES AT THE JAIL.

Also, I WAS INFORMED I WOULD BE FORCED TO WAIT AN ENTIRE MONTH [IN PAIN] TO SEE A DENTIST. I FILED MULTIPLE KITES AFTER THESE FACTS BEGGING FOR RELIEF. NOTE: I REQUESTED FOR A DIGITAL PRINTOUT OF ALL MY GRIEVANCES AND INMATE INMATE ACCOUNT TO ATTACH TO THIS SUIT W/ NO RESPONSE. ENCLOSED IS TWO ATTACHMENTS: (1) PAPER GRIEVANCE AND (2) PROOF OF ANTI-BOLITIC MEDS. I'M INDIGENT AND SIMPLY CANNOT AFFORD PERSONAL PAIN MEDS AND AM A WARD OF THE STATE. I INFORMED BRENDA SHORT OF MY DUE PROCESS PROTECTIONS AND THE JAIL IS TO PROVIDE ADEQUATE MEDICAL PER CONSTITUTION AND WAS REPRIMANDED W/ HER RESPONSE THAT HER STATUTE SAYS OTHERWISE. SHE IS DELIBERATELY INDIFFERENT PURSUANT TO MY PAIN AND CONTINUED SUFFERING. IT IS AN ELEMENTARY PRINCIPLE THAT THE STATE IS OBLIGATED TO PROVIDE MEDICAL CARE PER COMMON LAW. FURTHERMORE DENIAL OF MEDICAL CARE RESULTS IN PAIN AND SUFFERING WHICH SERVES NO PENOLOGICAL PURPOSE. WE ARE A MATURING SOCIETY AND THIS PAIN IS UNNECESSARY.

## II. STATEMENT OF CLAIM

2. TOOTHACHE BEGAN, ON OR ABOUT MARCH 18, 2022 UNTIL THE PRESENT DAY OF APRIL 21, 2022.

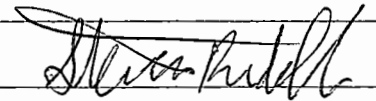
3. JEFFERSON COUNTY JAIL | SHERIFF DEPARTMENT  
c/o 510 FIRST STREET HILLSBORO, MISSOURI [63650]

4. INJURIES INCLUDE: (1) A MONTH OF SEVERE PAIN, (2) SWOLLEN FACE, (3) SPREAD OF INFECTION, (4) SEVERE HEADACHES, (5) TROUBLE SLEEPING, (6) DIFFICULT EATING, (7) BED RIDDEN, AND (8) EXHAUSTION.

5. REFUSE TO PROVIDE ADEQUATE MEDICAL CARE PER BRENDA SHORT. TOLD TO CARE FOR MYSELF AND PROVIDE MY OWN PAIN MEDS. THIS AGENCY FAILED ME ATTENTION AND CONSTITUTIONAL GUARANTEES.

IT SHOULD BE NOTED THAT MY INMATE ACCOUNT IS NEGATIVE \$17.00

I SWEAR THE ABOVE IS TRUE, CORRECT AND COMPLETE UNDER THE PAIN OF PERJURY



### **III. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY INJURIES ARE SEVERE AND UNNECESSARY PAIN AND SUFFERING PER TOOTHACHE, SWOLLEN FACE AND EXPOSED NERVE. DAY IN AND OUT W/ NO RELIEF. HAS NOT PROVIDED ANY PAIN MEDS NOR A DENTIST.

#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

SEE ONE PAGE ATTACHMENT TITLED: IV RELIEF

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?



Yes



No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

JEFFERSON COUNTY JAIL 510 FIRST STREET HILLSBORO, MISSOURI

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?



Yes

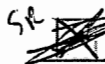


No



Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?



Yes



No



Do not know



If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes ☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

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2. What did you claim in your grievance? (*Attach a copy of your grievance, if available*)

3. What was the result, if any? (*Attach a copy of any written response to your grievance, if available*)



4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

No APPEAL ~~OPTION~~ OPTION

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

#### IV. RELIEF

I FEEL I'M ENTITLED TO MONETARY DAMAGES, RATHER ACTUAL AND/OR PUNITIVE, WHATEVER THIS COURT DEEMS ADEQUATE FOR THIS PARTICULAR CLAIM. HOWEVER, I WILL REQUEST A PAYMENT OF \$250,000.00. ALSO, I WOULD LOVE TO SEE MEDICAL PROTOCOL AND PROCEDURE CHANGED FOR FUTURE INMATES, WHO MAY BE IN A SIMILAR SITUATION TO MORE HUMANE CONDITIONS SUCH AS: FREE MEDICAL AND DENTAL AND A STATIONED DENTIST WHO IS AVAILABLE INDEFINITE.

I RESERVE THE ABOVE REQUEST BECAUSE OF THE UNWANTON INFLECTION OF CONTINUOUS PAIN I'M ENDURING THIS VERY MOMENT. THIS ALL COULD HAVE BEEN PREVENTED IF THIS STAFF, UNDER THE TRAINING OF BRENDA SHORT WOULD HAVE JUST ADDRESS THIS DENTAL ISSUE. PLEASE HELP.

## VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the state and county)*

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of April, 2022.

Signature of Plaintiff

Steven Randolph